Beat: Health

A PSYCHOLOGIST AT THE BEDSIDE OF CAREGIVERS

BY VALERIE SUGG

Paris, Washington DC, 23.04.2018, 02:54 Time

USPA NEWS - Valerie Sugg release a book called " A psychologist at the bedside of caregivers"?, and we are publishing an interview summary of the book, the author Mrs Sugg whois an expert of the French Healthcare system. Our health care system has come a long way in thirty years. The leaders have gargled this world-renowned French medicine, its innovative doctors, but here, the caregivers are not only doctors but teams composed of different trades that try to sound the impasse in which we enter, dangerously.

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AN AGING CARE SYSTEM AND MANAGEMENT OF ANOTHER TIME
It was necessary, of course, to put in place a strategy to curb the hospital financial haemorrhage that failed to take the problem at its base, which wanted to cure the causes but not the disease. Because it is the care system itself that is sick. Too many administrators, chiefs, sous-chefs and not enough carers, enough, many were thanked or disgusted. Poorly managed financial investments, equipment more and more obsolete. But also a management by the depreciation, the guilt, the progressive dehumanization of the care.

CAREGIVERS REFUSE TO BECOME COST-CONSCIOUS CAREGIVERS AND SUFFER FROM THEM
It may be a mentality problem and it is not just about health. The hospital management has chosen to "manage" the nursing staff mainly by the pressure, the guilt, the blackmail to the patient ("stay still, the poor patient otherwise he will not have ..." his soup, his treatment etc.), the depreciation, repression through, for example, the annual rating that should serve to establish a common project, stimulate, encourage, value but which, more often than not, only allow or block the evolution of the salary. This policy of profitability, which did not want to take into account the peculiarities of the environment of care, makes suffer those who work there face to the sick people or residents.

THE CAREGIVERS ARE ABUSED AND AS A RESULT SOMETIMES ABUSIVE

This is exaggerated but it is not the case, they are the caregivers who express it best. It is a form of abuse that occurs when a surgeon is stopped in the operating room because he is not going fast enough and the next patient is already asleep and is asked to accelerate, in full surgery. It is a form of maltreatment when a nursing assistant is asked in Ehpad to wash twelve to fifteen people in the morning or to be the only nursing assistant present at night for fifty residents. It is a form of maltreatment to require a nurse to stay an extra hour because Ms. D.'s chemo is not over and the evening nurse is already overwhelmed. It is also a form of abuse to fill in consultation appointments making it impossible to catch people on time or while doing "Express" consultations that no longer take the time to listen to the peculiarities of each. As a result, caregivers become abusive because their time with the patient, the resident, is almost timed. The recommendation of a toilet in 6.66 minutes in early 2017 is a reflection of what is happening in hospitals, nursing homes, retirement homes and we are all concerned. Because in this bed, to hope a shower that carers sometimes have time to do only once a month; this meal served cold because there is only one caregiver for fifty residents; this pee for which she is called but who will not wait for her arrival, all these "small" things make the daily of the treated painful. And it could be me, you, your father, your mother, a loved one.

THE PEOPLE IN CHARGE OF CARE STRUCTURES ARE SOMETIMES INCOMPETENT----------
It must be dared to say, some are because they run health centers without ever having a foot in a service or having worked there. They also undoubtedly suffer the pressure of savings to be made after so many years of waste on all floors. For example, when a nurse explains to me that the hospital has changed supplier compresses for a cheaper but that suddenly it takes three instead of one for the same result, it is where the economy? Why do some decision makers who do not know what they are talking about continue to undermine the goodwill of caregivers? Or when a caregiver, tells me that he had to change his resident who had stained with bare hands because there were more gloves in stock, what to say? When Sophie, a palliative care nurse, cries in my office because Mr. T., so thin in recent days, could not get extra coverage because there were none left, only Miss C. could not have a pillow because there

is none so she is so painful and needs to stall with it. Who is responsible ? The director of the institution who does not face that it makes live teams and care of so painful, this lack of humanity that says much about how everyone is considered or not.
CAREGIVERS WHO GO ON STRIKE REVOLT SOMETIMES COMMIT SUICIDE----------
This mode of care management causes caregivers embarrassment, disgust, shame and, all too often, guilt. No caregiver can be proud of a patient in her fifties, exhausted by her chemo and hospitalized for a week that can not benefit from a shower. No caregiver can be satisfied that only twelve residents of a Ehpad out of eighty can be out in the afternoon in the courtyard or accompanied in the animation room. No caregiver can be insensitive to a young patient, twenty-five years who trembles with cold at the reception of emergencies on the stretcher in full draft because the door is broken for three months and has not been repaired. No caregiver can rejoice in this other patient who begs to be relieved, at the end of life and that the intern alone tonight, does not know what to do because he replaces a missing doctor more than he is accompanied in his training. Because of this, they are unhappy, caregivers, because if they chose to become caregivers it is precisely because they had an ideal. They chose this profession to help, to accompany, to heal too. Fortunately, there are still services, places of care where everything goes well but in most, it is the Berezina if not why so many strikes, SOS, suicides in carers and their workplaces, it has to sense, no? They are ashamed, feel "accomplices" of the system since unable to oppose it. They suffer or if they try to suggest, to want to oppose, they are all too rarely heard, yet it is they who are in contact with the sick people, the residents, who know the needs and have ideas to improve the situation. But now, no one takes the time to listen to them.
All care must become profitable, the first objective is no longer to treat a sick, injured, aging, but to be a source of profit for the hospital, in Ehpad, retirement home, everywhere. Even parking is paying off!
THERE ARE SOLUTIONS HOWVER, LETS BE OPTIMISTIC----------
It would be necessary to change mentalities with management by valuation, encouragement. The management of care centers must be done by people whose job it is to avoid all this waste, these referrals. Give caregivers the means to do their job well, listen to them, hear what they offer and consider them. This consideration costs nothing but warms the heart, increases self-esteem and makes it better. There are many good wishes but the system has crushed them. They just want to renovate, improve and it's not just a question of money.----------
And there is urgency because if caregivers suffer as much from being able to work as they want it is also because beyond what the current care system makes them live, they care about the repercussions that all this has on sick people, on residents and their loved ones. Everyone knows it without wanting to see it. Everyone knows a hospitalized relative, in a nursing home, in a retirement home that does not receive the care that one would like him to receive, that one feels that the staff runs and does not have enough time for him , for her. What it means to the cared for is also complex. A mixture of anger, submission, abandonment, sadness, humiliation, despair, compassion for these caregivers and especially, the gradual dehumanization of moments of care increasingly shortened.
ABOUT THE AUTHOR VALERIE SUGG----------
Valérie Sugg, is a psychologist in a hospital oncology service, has been listening for 20 years to sick people, their loved ones, but in recent years she has also been the caregivers to whom she has lent her ear and time. She tells it in her new book "The hospital: no taboo or trumpet" published by Kawa. And it's edifying!

Article online:
https://www.uspa24.com/bericht-13208/a-psychologist-at-the-bedside-of-caregivers.html

Editorial office and responsibility:
V.i.S.d.P. & Sect. 6 MDStV (German Interstate Media Services Agreement): Rahma Sophia Rachdi, Jedi Foster

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